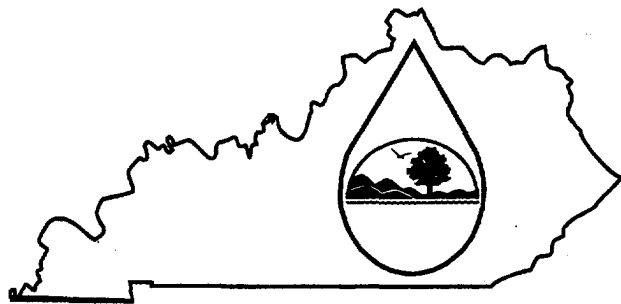


KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2004 MAR 29 P 2:38

PERMIT APPLICATION

DIVISION OF WATER

OK 100.00

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit		City of Loyall							
B. Facility Name and Location		C. Facility Owner/Mailing Address							
Facility Location Name:		Owner Name:							
Loyall Wastewater Treatment Plant 0.185 mgd		City of Loyall							
Facility Location Address (i.e. street, road, etc.):		Mailing Street:							
Good Neighbor Rd.		P.O. Box 1060							
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:							
Loyall, Ky. 40854		Loyall, Ky. 40854							
		Telephone Number:							
		606-837-6396							

II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc:	
Treatment of domestic waste from residential customers of the City of Loyall, Ky.	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code & Description:	SC, AP, LP, PG. Collection - Retention tanks - Clarifier - contact tank - discharge
Other SIC Codes:	

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located:	City where facility is located (if applicable):
Harlan	Loyall, Ky.
C. Body of water receiving discharge:	
Cumberland River @ mile pt. 690.7	
D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
36° 50' 30"	83° 21' 30"
E. Method used to obtain latitude & longitude (see instructions):	
Per Prior Permit	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: <i>Marvin L. H. Ad, Dave Miller</i>	Telephone Number: <i>606-573-6396</i>
Operator Mailing Address (Street): <i>P.O. Box 1060</i>	
Operator Mailing Address (City, State, Zip Code): <i>Bozall, Ky. 40854</i>	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: <i>LIFTED C.I. MILLER C.I.</i>	Certification Number: <i>LIFTED 6436 MILLER 8237</i>

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: <i>Ky. 0026115</i>	Issue Date of Current Permit: <i>11/6/00</i>	Expiration Date of Current Permit: <i>10/01/04</i>
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste	<i>N/A</i>	
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	<i>London Hazard Regional Office</i>
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	<i>Joyce Warty</i>
DMR Mailing Street:	<i>Greenfield Road</i>
DMR Mailing City, State, Zip Code:	<i>Box 1060 Bozall, KY 40854</i>
DMR Official Telephone Number:	<i>606-573-6396</i>

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: <i>POTW 501(c) (3)</i>	Filing Fee Enclosed: <i>20.00</i>
--	--------------------------------------

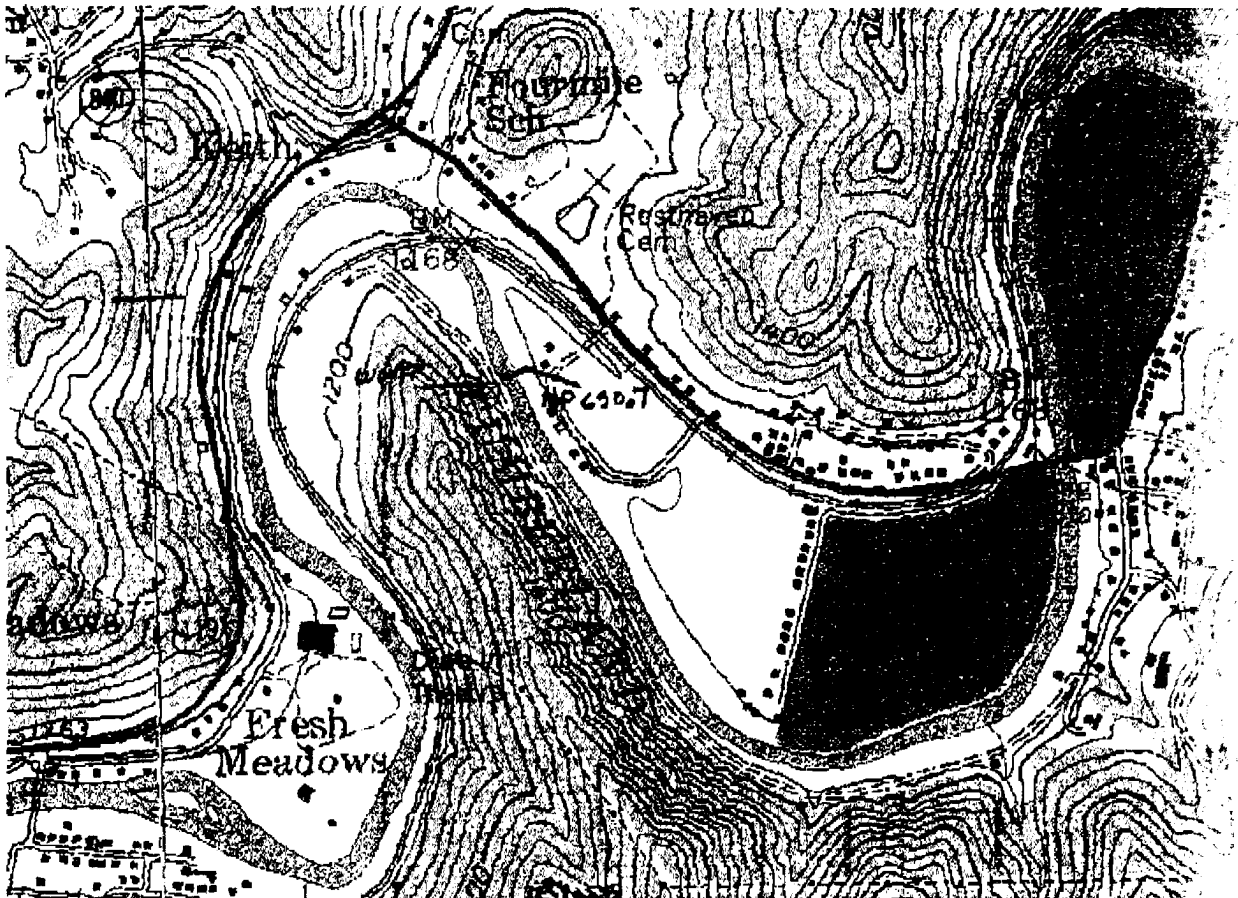
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): <i>CHARLES WATENBERGER MAYOR</i>	TELEPHONE NUMBER (area code and number): <i>606-573-6396</i>
SIGNATURE <i>Charles Watenberger</i>	DATE: <i>3-26-08</i>

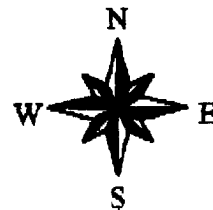
The City of Loyall

*Harlan Topographic Quadrangle,
Harlan County, Kentucky*

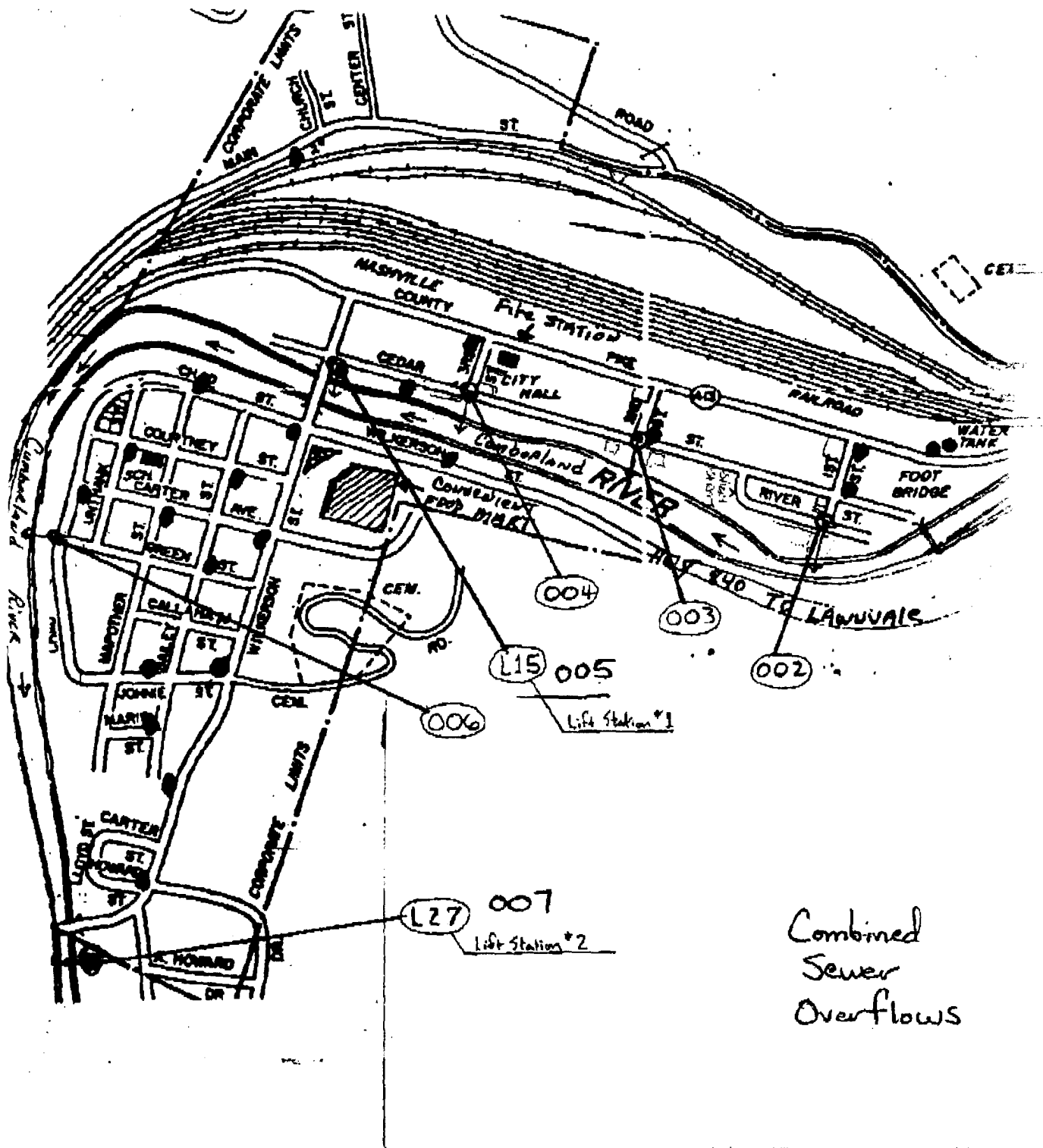


1:12922

☒ Loyall Wastewater Treatment Plant



*Prepared by
Kentucky Rural Water Association*



Combined
Sewer
Overflows

RECEIVED

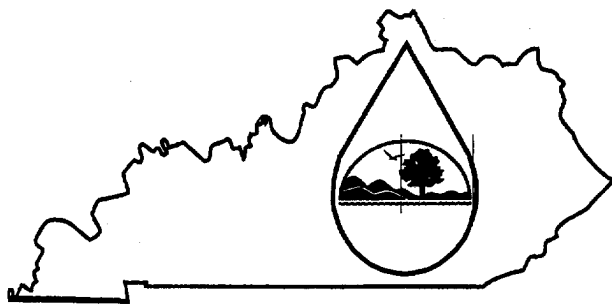
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RECEIVED

P.5/15

APR 13 1994 01:13PM

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2004 MAR 29 P 2:38

PERMIT APPLICATION DIVISION OF WATER

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

I. FACILITY DESCRIPTION	AGENCY						
	USE						

A. Name of Facility Where Discharge Will Occur: <i>Logan Wastewater Treatment Plant</i>	Owner of Facility: <i>City of Logan</i>
Location - Number and Street or Other Identifier: <i>Good Neighbor Rd.</i>	County: <i>Harrison</i>
City: <i>Logan, Ky. 40354</i>	

B. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. Yes <input type="checkbox"/> (Continue) No <input checked="" type="checkbox"/> (Go to C)	
Name of organization receiving discharge:	
Address: (Number and Street):	City:
State:	Zip Code:
Name of Facility (waste treatment plant) which ultimately receives discharge:	
Give your average daily flow into the receiving facility in mgd: mgd	

C. Discharge (See instructions)		
Discharge To	Number of Discharge Points	Total Volume Discharged (mgd)
Surface Water	<i>1</i>	<i>185 mgd</i>
Surface Impoundment With No Effluent	<i>1</i>	<i>1</i>
Underground Percolation	<i>1</i>	<i>1</i>
Well (Injection)	<i>1</i>	<i>1</i>
Other (Describe):	<i>1</i>	<i>1</i>
	<i>1</i>	<i>1</i>

D. Intermittent discharges (see instructions)		
Number of Bypass Points: <i>0</i>	Overflow Points: <i>6</i>	Number of Seasonal Discharge Points: <i>0</i>

FACILITY DESCRIPTION (Continued)

E. Indicate the type and length (in feet) of the collection system used by this facility. (See instructions)

Collection System Type: *Combined sanitary & storm* Length (feet):

F. Municipalities or Area Served (See instructions)

NAME	ACTUAL POPULATION SERVED
<i>City of Hoquiam</i>	<i>1007</i>
Total population served:	<i>1007</i>

Total estimated average daily waste flow from all industrial sources: *.000* MGD

G. Maps and drawings (See instructions - Figure A and B)

H. Additional information (Attach additional sheets if needed)

II. BASIC DISCHARGE DESCRIPTION

A. Discharge Serial Number:	<i>001</i>	Discharge Name (if any)
Previous Discharge Serial Number (if any)	<i>001</i>	
B. Discharge Operating Dates: Beginning Date (yy/mm)		
If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge:		
C. Specify type of discharge point (See instructions)		
D. Latitude and longitude of discharge point		
Latitude (degrees/minutes/seconds):	<i>36° 50' 30"</i>	Longitude (degrees/minutes/seconds): <i>83° 21' 30"</i>
E. Name the waterway at the point of discharge (See instructions): <i>Cumbehead River</i>		

II. BASIC DISCHARGE DESCRIPTION (continued)

Complete Items F, G, or H as applicable: ☐ Not applicable

F. If discharge is from a bypass point:	WET WEATHER	DRY WEATHER
Check when bypass occurs:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Give the number of bypass incidents	per year	per year
Give the average duration of bypass	hours	hours
Give the average volume per incident	1,000 gallons	1,000 gallons

Give reasons why bypass occurs:

G. If discharge is from an overflow point:	WET WEATHER	DRY WEATHER
Check when overflow occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Give the number of overflow incidents:	2 per year	per year
Give average duration of overflow:	4 hours	hours
Give average volume per incident	2 1,000 gallons	1,000 gallons

H. If discharge is intermittent from a holding pond, lagoon, etc: ☐ Not applicable

Give the number of times this discharge occurs per year:	
Give the average volume per discharge occurrence:	(1,000 gallons)
Give the average duration of each discharge:	(days)
List month(s) when the discharge occurs:	

I. Describe treatment units which apply to this discharge:

C1250 Chlorination & De-chlorination

Using the codes listed in Table I of the instructions, describe in order of occurrence the treatment units applied (see example with Table)

SC, C, ASE, N, P, PG, D, DN, H.

Describe the sludge handling and disposal methods. (Please indicate disposal site.)

D, DN

J. Check if the following are currently available:



Engineering Design Report



Operation and Maintenance Manual

II. BASIC DISCHARGE DESCRIPTION (continued)

K. Plant design data

Plant design flow:	1.185 mgd	mgd
Plant design 5-day BOD removal:	85	%
Plant design N removal:	85	%
Plant design P removal:	N/A	%
Plant design SS removal:	85	%
Plant began operation:	1964	(year)
Plant last major revision:	NONE	(year)

K. Description of influent and effluent (see instructions)

PARAMETER AND CODE	INFLUENT		EFFLUENT				
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow Million gallons per day	N/A	1040	1017	1065	/	/	/
00400 pH Units	N/A		6.7	7.1	5/7	20/30	Inst.
74028 Temperature (winter) °F	N/A	/	/	/	/	/	/
74027 Temperature (summer) °F	N/A	/	/	/	/	/	/
75054 Fecal Streptococci Bacteria Number/100 ml (Provide if available)				/	/	/	/
74055 Fecal Coliform Bacteria Number/100 ml (Provide if available)				244.13	1/7	4/30	2240
74056 Total Coliform Bacteria Number/100 ml (Provide if available)				/	/	/	/
00310 BOD mg/l	121.01	5.12	23.00	15.06	1/7	4/30	composite
00340 Chemical Oxygen Demand (COD) mg/l (Provide if available) OR 00685 Total Organic Carbon (TOC) mg/l (Provide if available)	/	/	/	/	/	/	/
50060 Chlorine - Total Residual mg/l	N/A	0.019	0.00	1.97	1/7	4/30	bank
00500 Total Solids mg/l	N/A	/	/	/	/	/	/
70300 Total Dissolved Solids mg/l	/	/	/	/	/	/	/
00530 Total Suspended Solids mg/l	96.07	18.03	17.98	23.91	1/7	4/30	composite

III. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545 Settleable Matter (Residue) ml/l	/	/	/	/	/	/	/
00610 Ammonia (as N)* mg/l	/	/	/	/	/	/	/
00625 Kjeldahl Nitrogen* mg/l	/	/	/	/	/	/	/
00615 Nitrite (as N)* mg/l	/	/	/	/	/	/	/
00620 Nitrate (as N)* mg/l	/	/	/	/	/	/	/
00665 Phosphorus Total (as P)* mg/l	/	/	/	/	/	/	/
00300 Dissolved Oxygen (DO) mg/l		7.3	0.8	5.2	1/7	4/30	Just
01092 Zinc - Total mg/l	/	0.020 mg/l	/	/	1/365	1/365	Composite
00940 Chloride mg/l	/	/	/	/	/	/	/
Hardness - Total (as CaCO ₃) mg/l	/	96.88	/	/	1/365	1/365	Composite

* Provide if available

M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)

PARAMETER (215)		PARAMETER (215)		PARAMETER (215)	
<input type="checkbox"/>	Bromide 71870 /	<input type="checkbox"/>	Cobalt 01037 /	<input type="checkbox"/>	Thallium 01059 /
<input type="checkbox"/>	Cyanide 00720 /	<input type="checkbox"/>	Chromium 01034 /	<input type="checkbox"/>	Titanium 01152 /
<input type="checkbox"/>	Fluoride 00951 /	<input type="checkbox"/>	Copper 01042 < 0.01 mg/l	<input type="checkbox"/>	Tin 01102 /
<input type="checkbox"/>	Sulfide 00745 /	<input type="checkbox"/>	Iron 01045 /	<input type="checkbox"/>	Algicides* 74051 /
<input type="checkbox"/>	Aluminum 01105 /	<input checked="" type="checkbox"/>	Lead 01051 < 0.10 mg/l	<input type="checkbox"/>	Chlorinated organic compounds* 74052 /
<input type="checkbox"/>	Antimony 01097 /	<input type="checkbox"/>	Manganese 01055 /	<input type="checkbox"/>	Oil and grease 00550 /
<input type="checkbox"/>	Arsenic 01002 /	<input type="checkbox"/>	Mercury 71900 /	<input type="checkbox"/>	Pesticides* 00550 /
<input type="checkbox"/>	Beryllium 01012 /	<input type="checkbox"/>	Molybdenum 01062 /	<input type="checkbox"/>	Phenols 32730 /
<input type="checkbox"/>	Barium 01007 /	<input type="checkbox"/>	Nickel 01067 /	<input type="checkbox"/>	Surfactants 38260 /
<input type="checkbox"/>	Boron 10122 /	<input type="checkbox"/>	Selenium 01147 /	<input type="checkbox"/>	Radioactivity* 74050 /
<input checked="" type="checkbox"/>	Cadmium 01027 < 0.005 mg/l	<input type="checkbox"/>	Silver 01077 /		

* Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2nd Edition*, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

II. BASIC DISCHARGE DESCRIPTION (Continued)

N. Is there an alternative power source for major pumping facility including those for collection system lift stations?

☐

Yes



No

Is there an alarm for power or equipment failure?

☐

Yes

☐

No

O. Additional information:

N/A

III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION (See Instructions)

A. Improvements required:

1. List the discharge serial numbers, assigned in Item II, that are covered by this implementation schedule.

--	--	--	--	--

2. List the authority or authorities which ordered the improvements (See instructions).

N/A

3. Specify the 3-character code from Table II, General Action Description, that best describes the improvements required by the implementation schedule. Also list all the Specific Action, 3-character codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

General Action Description			
Specific Action Description(s)			

B. Provide dates imposed by schedule and actual completion dates for implementation steps listed.

Implementation Step	Scheduled Completion (Year/Month/Day)	Actual Completion (Year/Month/Day)
Preliminary plan completion		
Final plan completion		
Financing complete and contract award		
Site acquisition		
Start of construction	N/A	
End of Construction		
Start of discharge		
Attainment of operational level		

TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR

IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)

A. Name of Major Contributing Facility:

Number and Street:

City, State, Zip Code:

County:

B. Primary Standard Industrial Classification Code:

C. Principal product or raw material (see instructions).

	Quantity	Units (See Table III)
Product		
Raw Material		

Brief description of production process:

D. Indicate volume of water discharged into the municipal system:

(gallons per day)

Is discharge:

☐ Continuous

☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?

☐ Yes

☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name							
Parameter Number							
Value							
Parameter Name							
Parameter Number							
Value							

V. PRETREATMENT AND LOCAL LIMITS

1. Pretreatment Program. Does this facility have an approved pretreatment program?

☐ Yes (complete item 2 - 4) ☒ No (go to Section VI)

2. Is this facility required to establish local limits?

☐ Yes ☒ No

3. Are the local limits technically-based?

☐ Yes ☒ No

4. Has a technical evaluation of the need to revise this facility's local limits been completed?

☐ Yes ☒ No

If yes, attach a copy of the evaluation)

If no, a copy of the evaluation must be submitted within ninety (90) days of the effective date of your permit.

VI. BIOLOGICAL TEST DATA (BIOMONITORING)

1. Does the current KPDES permit require biological testing and reporting?

☐ Yes ☒ No (Complete Item 2)

2. Has biological testing been performed on the POTW effluent?

☐ Yes ☒ No

If yes, attach a copy of results and lab sheets.

(Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with an approved pretreatment program which receive industrial waste must submit biomonitoring results before the application is deemed complete.)

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (Type or Print)

CHARLES WATENBERGER MAYOR
SIGNATURE

PHONE NO. (Area Code and Number)

606-573-6396

DATE

3-26-03

FOUNDED
1924

CITY OF LOYALL
306 CARTER ST
PO BOX 1060
LOYALL, KY 40854-1060

TEL: 606-573-6396
FAX: 606-573-2283
cityloyall@harlanonline.net

CHARLIE WATTENBERGER
MAYOR


SABRINA CUPP
CITY CLERK

March 26, 2004

To Whom It May Concern:

We were unable to get in contact with anyone concerning the amount of payment, if this amount is incorrect please contact us at the above number. If amount is too much please remit the amount it is over to us.

Thank you,


Mayor